

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/18/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 15G040		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 04/24/2012	
NAME OF PROVIDER OR SUPPLIER ARC OF NORTHWEST INDIANA INC, THE				STREET ADDRESS, CITY, STATE, ZIP CODE 300 W 53RD AVE GARY, IN 46410			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
W0000	<p>This visit was for the investigation of Complaint #IN00106372.</p> <p>COMPLAINT #IN00106372: SUBSTANTIATED, Federal and state deficiencies related to the allegation(s) are cited at W111, W192, W331 and W436.</p> <p>Dates of survey: April 18, 19, 23 and 24, 2012</p> <p>Facility number: 000597 Provider number: 15G040 AIM number: 100233420</p> <p>Surveyor: Christine Colon, Medical Surveyor III/QMRP</p> <p>The following deficiencies also reflect state findings in accordance with 460 IAC 9.</p> <p>Quality review completed on May 3, 2012 by Dotty Walton, Medical Surveyor III.</p>		W0000				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W0111	<p>483.410(c)(1) CLIENT RECORDS</p> <p>The facility must develop and maintain a recordkeeping system that documents the client's health care, active treatment, social information, and protection of the client's rights.</p> <p>Based on interview and record review for 1 of 3 sampled clients (A), the facility failed to ensure all pertinent information in regard to the client's health was part of the client's chart/records.</p> <p>Findings include:</p> <p>A confidential interview was conducted on 4/19/12 at 1:49 P.M. The confidential interviewee indicated on 3/24/12 while talking to her family member, her family member told her she felt dizzy and faint and felt like she was going to fall. Several attempts were made by the client and her family member to have the staff address the concern, but she indicated the staff refused to attend to the client. The interviewee stated she had an ambulance dispatched to the group home to assess her family member.</p> <p>A review of client A's medical record was conducted on 4/23/12 at 1:30 P.M. The medical record had notations dated 3/21/12 and 4/16/12 for orders for labs to be drawn. The record failed to have the results of the lab tests. Further review</p>		W0111	<p>Community Services Nurses were trained on, assessing clients, reporting and documentation on 4/27/12. The Service Coordinator and or Community Services Nurse will train DSPs on who and when to contact, when outside family members/friends call a ambulance or police officer to the home.</p> <p>To ensure future compliance, the Director of Health and Safety, Services Nurse and the Service Coordinator will audit/monitor for three months and as necessary thereafter.</p>		05/24/2012	

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	<p>failed to have any documentation by the nursing staff in regards to client A's complaints of dizziness and faintness</p> <p>An interview with client A was conducted on 4/24/12 at 1:40 P.M. Client A indicated she could not remember what day but she was not feeling well and told her sister and her staff would not come to the phone. She said she felt dizzy and was going to fall. She said her sister called an ambulance but the staff told the ambulance they did not need them and they left.</p> <p>A review of EMS report #12-0004458 dated 3/24/12 was done on 4/23/12 at 11:30 A.M. The report indicated: "Dispatched for a patient at this location not feeling well. On arrival at this location was advised that there were no services needed that the patient (sic) sister had called because the staff didn't get on the phone and talk to her. Was told no one at this location needs medical help."</p> <p>An interview with the LPN was conducted on 4/24/12 at 3:20 P.M.. The LPN indicated the lab results should have been in the medical record. The LPN further indicated there was no documentation in client A's record to address her medical needs.</p>						

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	This federal tag relates to complaint #IN00106372. 9-3-1(a)						

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W0192	<p>483.430(e)(2) STAFF TRAINING PROGRAM For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs.</p> <p>Based on record review and interview, the facility failed for 1 of 3 sampled clients (client A) by staff not demonstrating skills and competency to address client A's health needs.</p> <p>Findings include:</p> <p>A review of client A's medical record was conducted on 4/23/12 at 1:30 P.M. A review of the staff daily narratives failed to indicate any documentation on 3/24/12. There was no documentation of client A's complaints of dizziness and not feeling well, and no documentation of an ambulance arriving at the group home.</p> <p>An interview with client A was conducted on 4/24/12 at 1:40 P.M. Client A indicated she could not remember what day but she was not feeling well and told her sister during a phone conversation. Client A said her staff would not come to the phone. She said she felt dizzy and was going to fall. She said her sister called an ambulance but when it arrived, the staff told them they did not need it and it left without checking her. When asked if her scheduled staff checked her vitals, client A stated "No, she watched TV</p>	W0192	See tag # 111 p.2	05/24/2012			

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	<p>(television)." A confidential interview was conducted on 4/19/12 at 1:49 P.M., and confirmed this information.</p> <p>A review of EMS (Emergency Medical Services) report #12-0004458 dated 3/24/12 was done on 4/23/12 at 11:30 A.M. The report indicated: "Dispatched for a patient at this location not feeling well. On arrival at this location was advised that there were no services needed that the patient (sic) sister had called because the staff didn't get on the phone and talk to her. Was told no one at this location needs medical help."</p> <p>An interview with the Service Coordinator (SC) was conducted on 4/24/12 at 3:00 P.M. The SC indicated group home staff should have documented the events that occurred on 3/24/12 and further indicated staff should have checked client A. The SC further indicated there was no documentation in client A's record to indicate staff addressed client A's complaints of illness.</p> <p>This federal tag relates to complaint #IN00106372.</p> <p>9-3-3(a)</p>						

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W0331	<p>483.460(c) NURSING SERVICES</p> <p>The facility must provide clients with nursing services in accordance with their needs.</p> <p>Based on record review and interview, the facility failed for 1 of 3 sampled clients (client A) by not ensuring client A received nursing services according to her medical needs.</p> <p>Findings include:</p> <p>A review of client A's medical record was conducted on 4/23/12 at 1:30 P.M. Review of the record failed to indicate any documentation by the nursing staff to indicate an assessment had been completed in regards to client A's complaints of dizziness and faintness</p> <p>An interview with client A was conducted on 4/24/12 at 1:40 P.M. Client A indicated she could not remember what day but she was not feeling well and told her sister during a phone conversation. The client said her staff would not come to the phone. She said she felt dizzy and was going to fall. She said her sister called an ambulance but when it arrived, the staff told them they did not need it and it left without checking her. A confidential interview was conducted on 4/19/12 at 1:49 P.M., and confirmed this information.</p>		W0331	See tag # 111 p.2		05/24/2012	

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	<p>A review of EMS (Emergency Medical Services) report #12-0004458 dated 3/24/12 was done on 4/23/12 at 11:30 A.M. The report indicated: "Dispatched for a patient at this location not feeling well. On arrival at this location was advised that there were no services needed that the patient (sic) sister had called because the staff didn't get on the phone and talk to her. Was told no one at this location needs medical help."</p> <p>An interview with the LPN was conducted on 4/24/12 at 3:20 P.M. The LPN indicated there was no documentation in client A's record to indicate nursing staff assessed client A after her complaints of dizziness and faintness.</p> <p>This federal tag relates to complaint #IN00106372.</p> <p>9-3-6(a)</p>						

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W0436	<p>483.470(g)(2) SPACE AND EQUIPMENT</p> <p>The facility must furnish, maintain in good repair, and teach clients to use and to make informed choices about the use of dentures, eyeglasses, hearing and other communications aids, braces, and other devices identified by the interdisciplinary team as needed by the client.</p> <p>Based on observation, record review, and interview, for 1 of 3 sampled clients (client A), the facility failed to encourage and teach client A to wear her eyeglasses.</p> <p>Findings include:</p> <p>A facility owned day program observation was conducted on 4/24/12 from 1:20 P.M. until 2:20 P.M. Client A walked throughout the classroom. Client A was observed during the entire observation period not wearing eyeglasses. Client A was not prompted by staff to wear her eyeglasses.</p> <p>An interview with client A was conducted on 4/24/12 at 1:40 P.M. Client A indicated she did not know where her eyeglasses were.</p> <p>An interview with Direct Support Professional (DSP) #1 was conducted on 4/24/12 at 1:45 P.M. DSP #1 indicated client A did not bring her eyeglasses to day program. When asked if she wears</p>		W0436	<p>Service Coordinator will develop and implement a training program for client A to learn to wear her glasses. To ensure future compliance, Service Coordinator will audit monthly.</p>		05/24/2012	

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	<p>her eyeglasses, DSP #1 stated, "sometimes."</p> <p>A review of client #3's record was conducted at the facility's administrative office on 4/18/12 at 11:15 A.M. A review of client A's medical record indicated a most current vision assessment dated 4/26/11 which indicated: "Current Rx (script) is fine...return in 1 year."</p> <p>An interview with the Service Coordinator (SC) was conducted at the facility's administrative office on 4/24/12 at 3:30 P.M. The SC indicated client A should wear her eyeglasses and further indicated staff should prompt her to wear them.</p> <p>This federal tag relates to complaint #IN00106372.</p> <p>9-3-7(a)</p>						